

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011899

STATE FILE NUMBER

FILED APR 6 1959

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

750

| | | | |
|---|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>St Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Koch</u> | | c. CITY OR TOWN <u>St Louis</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Robert Koch Hosp.</u> | | d. STREET ADDRESS (If outside, give location) <u>1514 Monroe</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Hazel</u> Middle <u>Viviano</u> Last <u>Viviano</u> | | 4. DATE OF DEATH Month <u>March</u> Day <u>20</u> Year <u>1959</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-31-1906</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u> | |
| 11. BIRTHPLACE (City and state or country) <u>St Louis, MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Robert Reckert</u> | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Gaist</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Pete Viviano</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | |
| 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT Address <u>PETE VIVIANO. 1514 MONROE ST.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cor pulmonale</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>chronic pulmonary tuberculosis</u> DUE TO (c) <u>002X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH <u>9 yrs</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>Oct 2 '53</u> to <u>March 20, '59</u> and last saw her alive on <u>March 20 '59</u> Death occurred at <u>March 20, '59 4:27 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Bernard Swanson M.D.</u> | | 22b. ADDRESS <u>Robert Koch Hospital Koch Mo</u> | |
| 22c. DATE SIGNED <u>3-20-59</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u> | |
| 23b. DATE <u>MARCH 23RD 1959</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>FRIEDENSCEMETERY ST. LOUIS COUNTY MISSOURI</u> | |
| 24. FUNERAL DIRECTOR <u>Brockland & Co.</u> ADDRESS <u>1827 HOGAN ST.</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-20-59</u> REGISTRAR'S SIGNATURE <u>John C. Murphy, M.D.</u> | |

(Licensed Embalmers' Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Eleonore R. Penick

Licensed Embalmer No. 4283

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.